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2022-06-10  
Received

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

~~TRAD~~  
**In re Applicant:**

Dan REVITAL et al

Serial No.: 60/443,859

Filed: January 31, 2003

For: Virtual Smart Card Device, Method And System

Attorney  
Docket: 25531

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**REQUEST FOR CORRECTED FILING RECEIPT**

Sir:

Attached is a copy of the official filing receipt received from the United States Patent and Trademark Office in the above application. Issuance of a corrected filing receipt is respectfully requested.

The family name of the fourth inventor is not Tsurai as written, but TSURIA.

Additionally, the application is being filed by a LARGE ENTITY, not a small entity as written.

Please correct both matters and issue a corrected filing receipt.

Respectfully submitted,

Sol Sheinbein  
Registration No. 25,457

Date: May 22, 2003



Commissioner for Patents  
Washington, DC 20231  
www.uspto.gov

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
60/443,859	01/31/2003	80		25531		11	

G. E. EHRLICH (1995) LTD.  
c/o ANTHONY CASTORINA  
SUITE 207  
2001 JEFFERSON DAVIS HIGHWAY  
ARLINGTON, VA 22202

CONFIRMATION NO. 8262  
FILING RECEIPT



\*OC000000009925715\*

Date Mailed: 04/29/2003

Receipt is acknowledged of this provisional Patent Application. It will not be examined for patentability and will become abandoned not later than twelve months after its filing date. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Dan Revital, Jerusalem, ISRAEL;  
David Samuel Chechik, Maale Adumim, ISRAEL;  
Carmi Bogot, Jerusalem, ISRAEL;  
Yossi Tsurai, Jerusalem, ISRAEL;

**If Required, Foreign Filing License Granted:** 04/29/2003

**Projected Publication Date:** None, application is not eligible for pre-grant publication

**Non-Publication Request:** No

**Early Publication Request:** No

**\*\* SMALL ENTITY \*\***

**Title**

Virtual smart card device, method and system

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**LICENSE FOR FOREIGN FILING UNDER  
Title 35, United States Code, Section 184  
Title 37, Code of Federal Regulations, 5.11 & 5.15**



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
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Bib Data Sheet

CONFIRMATION NO. 8262

SERIAL NUMBER 60/443,859	FILING DATE 01/31/2003 RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO. 25531
<b>APPLICANTS</b> Dan Revital, Jerusalem, ISRAEL; David Samuel Chechik, Maale Adumim, ISRAEL; Carmi Bogot, Jerusalem, ISRAEL; Yossi Tsuria, Jerusalem, ISRAEL;				
<b>** CONTINUING DATA *****</b>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 04/29/2003				
Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 11	TOTAL CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance			INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Signature	Initials		
<b>ADDRESS</b> G. E. EHRLICH (1995) LTD. c/o ANTHONY CASTORINA SUITE 207 2001 JEFFERSON DAVIS HIGHWAY ARLINGTON ,VA 22202				
<b>TITLE</b> Virtual smart card device, method and system				
FILING FEE RECEIVED 160	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		